CHILD CARE APPLICANT AGREEMENT

(See Privacy Act Statement on Reverse Side.)

PLEASE PRINT ALL DATA LEGIBLY.

- 1. I understand that Army Regulation (AR) 608 10, Child Development Services, requires the record screening outlined in paragraph 2 below, and that without favorable completion of these pre-employment checks, I may not be employed in any position involving the care of children.
- 2. The following pre-employment checks are required:
 - a. Local CID records and U.S. Crime Records Center, to include a check of the Defense Central Investigation Index (DCII).
 - b. Local military police records.
 - c. Local Family Advocacy records and the Army Family Advocacy Central Registry.
 - d. Local alcohol and drug abuse records.
- 3. I further understand that the purpose of these pre-employment checks is to identify anyone applying for child care positions who may have instances of reported misconduct involving children, assaultive behavior, substance abuse larceny, or other misconduct which would be inconsistent with such employment.
- 4. I agree that the civilian personnel office may initiate these checks and receive the resulting information, as required by AR 608 10, so that I may be employed in a child care position.

APPLICANT			
Full Name	Social Security No.		
Maiden Name	Any Other Names Used by Applicant		
Place of Birth			
Signature	Date Signed		
SPOI	NSOR		
Full Name	Social Security No.		
Signature (Required if applicant is under 18)	Date Signed		

NOTE

In order to expedite the pre-employment checks, two (2) "local" references are needed. If your application does not contain 2 "local" references, then if at all possible, please provide the necessary information on the reverse of this form.

ADDITIONAL "LOCAL" REFERENCES			
List only people who are not related to you, who are not shown as former supervisors on your application, and who can provide information on your qualifications and fitness for the kind of job for which you are applying			
	Name of Reference		
	Telephone (AUTOVON) Nur	mber (s)	
1	Present Business or Home A	APO / FPO Address (Including APO / FPO ZIP Code)	
	Name of Reference		
	Telephone (AUTOVON) Number (s)		
Present Business or Home APO/FPO Address (In		APO / FPO Address (Including APO / FPO ZIP Code)	
Remarks			
		DATA REQUIRED BY THE PRIVACY ACT OF 1974	
	AUTHORITY:	Title 10, United States Code, Section 3013.	
	PRINCIPAL PURPOSE:	Information is used by DA personnel to identify potential CDS/FCC/YS providers and services to be provided. Provide household information, background and references.	
	ROUTINE USE:	Information provided may be released IAW the Army's blanket routine uses contained in AR 340 - 21.	
	DISCLOSURE:	Voluntary. However, if information is not provided, certification of the candidate may be denied.	